



TO:	RE:	
	County	Social Security number
	Case number	
FROM:	<input type="checkbox"/> Success story <input type="checkbox"/> Schedule change	
	<input type="checkbox"/> Employment information <input type="checkbox"/> Client exit	
DATE:	<input type="checkbox"/> Status change (<i>TANF/UP/FS/Discontinued</i>) <input type="checkbox"/> Client sanctioned	
	<input type="checkbox"/> Participation/Attendance	
	<input type="checkbox"/> Name/Address/Telephone number change	
	<input type="checkbox"/> Other: _____ _____	
Effective date (<i>month, day, year</i>)	Request response <input type="checkbox"/> Yes <input type="checkbox"/> No	

DISTRIBUTION: White - Provider; Canary - COFR; Pink - Other